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Application or Doctor Number
10/695847

6/14/6

(Column 1) _____ (Column 2) _____

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))

01/07/2025 33

If the difference in columns 1 is less than zero, enter "U" in column 2.

OR

**OTHER THAN
SMALL ENTITY**

RATE	FEE
	\$ _____
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL	

RATE	FEE
	\$ 770.00
x 50	0
x 200	00
+ 40	15
TOTAL	790.00

• If the difference in columns is less than zero

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
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364	365	366
3		

1 14 17 20 27 33

OF

**OTHER THAN
SMALL ENTITY**

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADDL FEE	

RATE	ADDITIONAL FEE
xx =	
xx =	
48 =	
TOTAL ADD'L FEE	

(Column 1) _____ (Column 2) _____ (Column 3) _____

① 13 14 17 20 21 33

DATE	ADD
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RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD FEE	

RATE	ADDITIONAL FEE
X \$ _____	
X \$ _____	
4 \$ _____	
TOTAL ADD. FEE	

(Column 1)	(Column 2)	(Column 3)
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364	365	366
3		

DATE	ADD
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RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
x \$ _____	
x \$ _____	
+ \$ _____	
TOTAL ADDL FEE	

- If the entry in column 1 is less than the entry in column 2, write "U" in column 3.
 - If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - If the "Highest Number Previously Paid For" ON THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number

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